



Direct Deposit Authorization Form

New

Change

Cancel

(Check One Box Above)

and Complete the Balance of the Form in its Entirety)

Your Name (Please Print):

Last

First

Middle

Phone Numbers: (Include Area Code)

Home Phone

Work Phone

Other Phone

Current Address:

Number/Street/Apt#

City

State/Zip

Country (if not US)

Social Security Number:

Case ID or Court Case (Docket) #:

(Identify One Case Number, but Multiple Cases May be Paid in a Single Deposit.)

Format (123-45-6789)

Format (9999-999999)

County

Bank Name:

Bank Account Number:

**Checking
Savings**

Bank Routing Number:

For a CHECKING account:
**Write VOID on an unused
check and attach here**

For a SAVINGS account:
**Attach note or statement
from bank giving account
and routing numbers.**

John and Mary Jones
123 Main Street
Anytown, MI 48888

1234

Pay to:

\$

VOID

DOLLARS

Anytown Bank
Anytown, MI 48888

For:

Do Not Complete Shaded Area

|: 072412345 |: 0012300456 " ' 1234

Routing Number
(9 digits)

Account Number
(up to 17 digits)

I authorize the State of Michigan to deposit all support-related payments due me into the designated financial institution and account, and, if necessary, to initiate correcting entries, in case duplicates or other error transactions occur. I understand that the deposits will be made electronically, under the rules of the National Automated Clearing House Association (NACHA), and the State of Michigan. This authorization will remain in effect until cancelled by me with written notification to the state, or cancelled by the financial institution or the State of Michigan, at which time they will notify me by mail at the most current address they have on file for me.

Sign Here:

DATE:

Mail this Form to:

MiSDU
Attn: Direct Deposit
PO Box 30354
Lansing, MI 48909 - 7854